

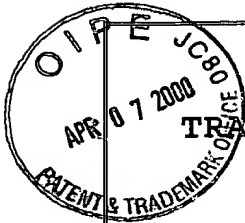
04-10-00

CAU 1723

Please type a plus sign (+) inside this box

+

PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

No. Pages in this submission

Application Number	09/243,237
Filing Date	02/02/99
First Named Inventor	MUKHOPADHYAY, Debasish
Group Art Unit	1723
Examiner Name	Fortuna, A.
Attorney Docket No.	MDO-2471-U-D1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing - related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Requests (3 months)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Group <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Form 1449 with disclosed art)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosures identify below:
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Stmt.	*Amendment Transmittal; *Transmittal of Information Disclosure Statement APR 14 2000 IC 1700 MAIL ROOM RECEIVED
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Return Receipt Card <input type="checkbox"/> Remarks	

Firm or Individual
Name

R. Reams Goodloe, Jr.

Reg. No.: 32,466

Signature

April 6, 2000

Date

CERTIFICATE OF MAILING

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as First Class Mail [express mail label EK686752394US] in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 4/6/00

Typed or printed
name:

RHONDA GOODLOE

Signature

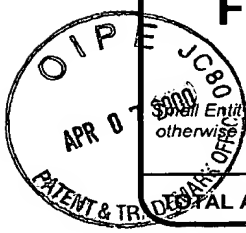
Rhonda Goodloe

Date

04/06/00



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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) **1,910.00**

Complete if Known

Application Number	09/243,237
Filing Date	02/02/99
First Named Inventor	Mukhopadhyay, Debasish
Examiner Name	Fortuna, A.
Group / Art Unit	1723
Attorney Docket No.	MDO-2471-U-D1

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 07-1613

Deposit Account Name: R. Reams Goodloe, P.S.

☒ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	
SUBTOTAL (1)			(\$)

2. EXTRA CLAIM FEES			
Total Claims	Extra Claims	Fee from below	Fee Paid
50	-20** = 30	X 13	= 390
Independent Claims	2	-3** = 0	X 0 = 0
Multiple Dependent		260	= 260

**or number previously paid, if greater; For Reissues, see below			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$) 800.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	870.00
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	240.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 760	246 380	Filing a submission after final rejection (37 CFR 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL (3)			(\$) 1,110.00

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Typed or Printed Name	<u>R. Reams Goodloe, Jr.</u>	Reg. Number	32,466
Signature	<u>R. Reams Goodloe, Jr.</u>	Date	04/06/00
		Deposit Account User ID	4035

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. EXPRESS MAIL LABEL NO.: EK686752394US

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Assistant Commissioner for Patents
Washington, D.C. 20231

Rhonda Goodloe
Signature of Depositor

Rhonda Goodloe
Print Name of Depositor

Date: April 6, 2000

IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

Applicant: MUKHOPADHYAY, Debasish)
Serial No.: 09/243,237)
Filed: 02/02/99)
Title: HIGH PURITY WATER PRODUCED)
BY REVERSE OSMOSIS)
Art Unit: 1723)
Examiner: Fortuna, A.)

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Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

☐ a small entity. A statement:

☐ is attached.

- ☐ was already filed.
- ☒ other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 CFR § 1.136 (fees: 37 CFR § 1.17(a)(1)-(4) for the total number of months checked below.

EXTENSION (months)	FEE FOR OTHER THAN SMALL ENTITY	FEE FOR SMALL ENTITY
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 380.00	\$ 190.00
<input checked="" type="checkbox"/> three months	\$ 870.00	\$ 435.00
<input type="checkbox"/> four months	\$ 1,360.00	\$ 680.00

FEE: \$870.00

If an additional extension of time is required, please consider this a petition therefore.

(check and complete the next time, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefore of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: \$_____

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.



FEE FOR CLAIMS

4. The fee for claims (37 CFR § 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	50	MINUS	20	=	30	x \$ 18 = \$ 540
INDEP.	2	MINUS	3	=	0	x \$ 39 = \$ 0
<input checked="" type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$ 260	= \$ 260
				TOTAL ADDITIONAL FEE		\$ 800

(complete (c) or (d), as applicable)

(c) ☐ No additional fee for claims is required.

OR

(d) ☒ Total additional fee for claims required \$ 800.⁰⁰.

RRG 4/6/00 FEE PAYMENT

5. ☒ Attached ^{are} ~~is a~~ checks in the sum of \$ 800.⁰⁰ + 870.⁰⁰.

☐ Charge Account No. 07-1613 the sum of \$ _____.

☐ A duplicate copy of this transmittal is attached.

FEE DEFICIENCY

☒ If any additional extension and/or fee is required, charge Account No. 07-1613.

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AND/OR



If any additional fee for claims is required, charge
Account No. 07-1613.

Date: April 6, 2000

Phone: 253-859-9128

Fax: 253-859-8915

Customer

No.: 20793



SIGNATURE OF ATTORNEY

R. Reams Goodloe, Jr.
Reg. No. 32,466

Suite 3
10725 - S.E. 256th Street
Kent, Washington
98031-6426

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